

**ICD-10 MEDI-CAL HEDIS® REFERENCE GUIDE FOR PROVIDERS 2016**

	HEDIS® Measure	Age	LOB	Requirement and Documentation	Acceptable Codes
<b>Auto-Assignment Measures *</b>					
<b>WOMEN</b>	<b>*Cervical Cancer Screening (CCS)</b>	21-64 years Women	Commercial, Medi-Cal,	<b>Age 21-64</b> cervical cytology every three years. <b>Document:</b> date and results <b>Or</b> <b>Age 30-64</b> cervical cytology and HPV testing with documented date and results. (Cytology & HPV test must be from same data source.)	<b>CPT II:</b> 3015F <b>Cervical Cytology CPT:</b> 88141-88143, 88147, 88148, 88150, 88152-88154, 88164-88167, 88174, 88175 <b>Cervical Cytology HCPCS:</b> G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 <b>HPV Test CPT:</b> 87620-87622 <b>Exclusions:</b> Documentation of total hysterectomy with absence of cervix. Absence of Cervix CPT: 51925- 59135 Absence of Cervix ICD-10-CM: Q51.5, Z90.710
	<b>Breast Cancer Screening (BCS)</b>	50-74 years Women	Commercial, Medi-Cal, Medicare	One screening mammogram every 27 months (between October 1 two years prior to the measurement year and December 31 of the measurement year).	<b>ICD-10:</b> Z12.31, Z12.39 <b>CPT:</b> 77055, 77056, 77057 <b>HCPCS:</b> G0202, G0204, G0206 <b>Exclusion:</b> Bilateral Mastectomy Absence of breast(s): Z90.11, Z90.12, Z90.13 Mastectomy: 19180, 19200, 19220, 19240, 19303-
<b>DIABETES</b>	<b>*Comprehensive Diabetes Care (CDC) - HbA1c Testing</b>	18-75 years (Diabetics, Type I or Type II)	Commercial, Medi-Cal, Medicare	Documentation of a hemoglobin (HbA1c) blood test in measurement year date and result. Includes: control <8% poor control >9%	<b>HbA1c Tests CPT:</b> 83036, 83037 <b>HbA1c Level &lt; 7.0 CPT II:</b> 3044F <b>HbA1c Level 7.0-9.0 CPT II:</b> 3045F <b>HbA1c Level &gt; 9.0 CPT II:</b> 3046F <b>Exclusions:</b> Gestational diabetes, steroid induced diabetes.
	<b>*Comprehensive Diabetes Care (CDC) - Retinal Eye Exam</b>	18-75 years (Diabetics, Type I or Type II)	Commercial, Medi-Cal, Medicare	Diabetics who had <b>one</b> of the following with an eye care professional (optometrist or ophthalmologist) during the current measurement year: - A retinal or dilated eye exam by an eye care professional (positive for retinopathy) (every year). - A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional (every 2 years). <b>Note:</b> At a minimum, medical record documentation must include a letter prepared by an ophthalmologist, optometrist, or a note by the PCP that eye professional completed exam, date of service and result.	<b>Diabetic Retinal Screening CPT:</b> 67028 - 99245 <b>HCPCS:</b> S0620, S0621, S3000 <b>Diabetic Retinal Screening Negative CPT:</b> 3072F <b>Diabetic Retinal Screening with Eye Care Professional CPT II:</b> 2022F, 2024F, 2026F <b>HCPCS:</b> S0625 <b>Exclusions:</b> Gestational diabetes, steroid induced diabetes.
<b>CHILDREN</b>	<b>*Childhood Immunization Status (CIS)</b>	0-2 years	Commercial, Medi-Cal	Children 2 years of age in 2016 who received these vaccines on or before age 2. *4 DTaP 3 Polio (IPV) 1 MMR 3 Influenza Type B (HiB) 3 Hepatitis B 1 chicken pox (VZV) 4 Pneumococcal conjugate (PCV) **1 Hepatitis A 2 Rotavirus (Rotarix) or 3 Rotavirus (RotaTeq) 2 influenza vaccines * Document the name of the antigen and the date of the immunization.	<b>*Combo 3</b> (Medi-Cal and Commercial): <b>DTaP CPT:</b> 90698, 90700, 90721, 90723 <b>IPV CPT:</b> 90698, 90713, 90723 <b>MMR CPT:</b> 90707, 90710 <b>HiB CPT:</b> 90645-90648, 90698, 90721, 90748 <b>Hep B CPT:</b> 90723, 90740, 90744, 90747, 90748 <b>Hep B HCPCS:</b> G0010 <b>VZV CPT:</b> 90710, 90716 <b>PCV CPT:</b> 90669, 90670 ; <b>HCPCS:</b> G0009 <b>**Combo 10</b> (Additional vaccines required for Commercial members): <b>Hep A CPT:</b> 90633 <b>Rotavirus: Rotarix CPT:</b> 90681, <b>RotaTeq CPT:</b> 90680 <b>Influenza CPT:</b> 90655, 90657, 90661, 90662, 90673, 90685 <b>HCPCS:</b> G0008

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CHILDREN	<b>*Well-Child Visits 3-6 Years (W34)</b>	3-6 years as of Dec. 31 of measurement year	Commercial, Medi-Cal	One or more well-child visits* with a PCP in the measurement year. *Documentation of the date of the visit and the following: A health history; physical developmental history; mental developmental history; physical exam and health education/anticipatory guidance.	<b>Well Care CPT:</b> 99381 - 99385, 99391 - 99395, 99461 <b>HCPCS:</b> G0438, G0439 <b>ICD-10:</b> Z00.00, Z00.01, Z00.110, Z00.111, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1 - Z02.6, Z02.71, Z02.79, Z02.81 - Z02.83, Z02.89, Z02.9
	<b>Adolescent Well-Care Visits (AWC)</b>	12-21 years as of Dec. 31 of measurement year	Commercial, Medi-Cal	One comprehensive well-care visit* with a PCP or OB/GYN in measurement year. *Document: the date of the visit and the following: A health history; a physical developmental history; a mental developmental history; a physical exam and health education/ anticipatory guidance.	<b>Well Care CPT:</b> 99381- 99385, 99391- 99395, 99461 <b>HCPCS:</b> G0438, G0439, <b>ICD-10:</b> Z00.00, Z00.01, Z00.121, Z00.129, Z00.5, Z00.8, Z02.0, Z02.1, Z02.2, Z02.3, Z02.4, Z02.5, Z02.6, Z02.71, Z02.79, Z02.81, Z02.82, Z02.83, Z02.89, Z02.9
ADOLESCENTS	<b>Human Papillomavirus Vaccine for Female Adolescents (HPV)</b>	Adolescents 9-13 years	Commercial, Medi-Cal	At least 3 HPV vaccinations on or between the member's 9th and 13th birthdays with different dates of service.	<b>Codes for HPV Vaccine Administered</b> <b>CTP:</b> 90649, 90650, 90651  <b>Optional Exclusion - Anaphylactic Reaction</b> <b>ICD-10:</b> T80.52XA, T80.52XD, T80.52XS
	<b>Immunizations for Adolescents (IMA)</b>	Adolescents who turn 13 years of age during the measurement year	Commercial, Medi-Cal	Documentation of: 1 Meningococcal vaccine (administered between the member's 11th and 13th birthdays) <b>AND</b> any of the following (administered between the member's 10th and 13th birthdays): 1 Tdap (tetanus, diphtheria, pertussis) <b>OR</b> 1 Td (tetanus, diphtheria) <b>OR</b> 1 tetanus vaccine and 1 diphtheria vaccine	<b>Diphtheria Vaccine Administered CPT:</b> 90719 <b>Meningococcal Vaccine Administered CPT:</b> 90733, 90734 <b>Td Vaccine Administered CPT:</b> 90714, 90718 <b>Tap Vaccine Administered CPT:</b> 90715 <b>Tetanus Vaccine Administered CPT:</b> 90703
PRENATAL	<b>*Prenatal Care, Timeliness of (PPC)</b>  (continued)	Women with a live birth that received a prenatal care visit in the first trimester or within 42 days of enrollment.  Services may be provided by PCP/OBGYN/other family care practitioner, midwife.  For visits to a PCP, a diagnosis of pregnancy must be present.	Commercial, Medi-Cal	Documentation in the medical record must include a note indicating the date when the prenatal care visit occurred, and evidence of one of the following. • A basic physical obstetrical examination that includes auscultation for fetal heart tone, or pelvic exam with obstetric observations, or measurement of fundus height (a standardized prenatal flow sheet may be used). • Evidence that a prenatal care procedure was performed, such as: – Screening test in the form of an obstetric panel (must include all of the following: hematocrit, differential WBC count, platelet count, hepatitis B surface antigen, rubella antibody, syphilis test, RBC antibody screen, Rh and ABO blood typing), or – TORCH antibody panel alone, or – A rubella antibody test/titer with an Rh incompatibility (ABO/Rh) blood typing, or – Echography of a pregnant uterus.	<b>ADD Stand Alone Visits CPT:</b> 99201-99205, 99211-99215, 99241-99245; <b>Stand alone Prenatal visits HCPCS:</b> 0500F, 0501F, 0502F (recommended) <b>Rubella Antibody CPT:</b> 86762 <b>ED Procedure Code:</b> 59425, 59426 <b>Deliveries:</b> 59400, 59510, 59610, 59618 <b>OB/GYNS, Midwife:</b> (code any of the following codes along with pregnancy related diagnosis code and with Lab): <b>ADD Stand Alone Visits CPT:</b> 99201-99205, 99211-99215, 99241-99245 HCPCS: G0463, T1015 <b>Obstetrical Panel (Torch)- CPT:</b> (all four codes have to be present to count) <b>Cytomegalovirus (86644), Herpes Simplex (86694, 86695, 86696), Rubella (86762), Toxoplasma Antibody (86777, 86778)</b> <b>Rubella Antibody/Titer with Rn Incompatibility ABO/Rh Blood Typing:</b> <b>Rubella Antibody CPT:</b> 86762 <b>Abo CPT:</b> 86900 <b>Rh CPT:</b> 86901 (all 3 codes need to be present to count) <b>Prenatal Ultrasound CPT:</b> 76801, 76805, 76811, 76813, 76815-76821, 76825-76828 <b>Prenatal Ultrasound ICD-10:</b> BY49ZZZ, BY4BZZZ, BY4CZZZ, BY4DZZZ, BY4FZZZ, BY4GZZZ

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PRENATAL	<b>*Prenatal Care, Timeliness of (PPC)</b> continued			<ul style="list-style-type: none"> <li>Documentation of LMP or EDD in conjunction with either of the following.               <ul style="list-style-type: none"> <li>– Prenatal risk assessment and counseling/education.</li> <li>– Complete obstetrical history.</li> </ul> </li> <li>Note: For women whose last enrollment segment was after 219 days prior to delivery (i.e., between 219 days prior to delivery and the day of delivery) and women who had a gap during the first trimester, count documentation of a visit to an OB/GYN, family practitioner or other PCP with a principal diagnosis of pregnancy.</li> </ul> <p><b>Tips:</b></p> <ul style="list-style-type: none"> <li>Documentation must include PCP visit date, diagnosis of pregnancy and required exams.</li> <li>Ensure that pregnant and recently delivered patients get priority for appointments.</li> </ul>	<b>Prenatal Care, At-Risk Enhanced Package HCPCS:</b> H1001-H1004; (H1005- Note: code is for Global billing and only useful if the encounter/claim indicates when prenatal care was initiated.)
POSTPARTUM	<b>*Postpartum Care (PPC)</b>	All women who delivered a live birth	Commercial, Medi-Cal	<p>Documentation of a postpartum visit on or between 21 and 56 days after delivery and must include one of the following: pelvic exam <b>or</b> evaluation of weight, BP, breasts and abdomen and breast feeding status, <b>or</b> notation of postpartum care.</p> <p><b>Tips:</b></p> <ul style="list-style-type: none"> <li>Make sure to indicate visit date and notate “postpartum care.”</li> <li>For care given by previous provider, add “PP” with a check mark next to it on progress notes.</li> <li>Schedule postpartum visit before mother and baby leave the hospital.</li> <li>Offer home visit for postpartum.</li> <li>CPSP (Comprehensive Perinatal Services Program) counseling does not count.</li> </ul>	<p><b>ED Procedure CPT:</b> 57170, 58300, 59430</p> <p><b>Postpartum visit CPT:</b> 99501</p> <p><b>Postpartum CPT II:</b> 0503F</p> <p><b>Pelvic Exam HCPCS:</b> G0101</p> <p><b>Postpartum Visit ICD-10CM:</b> Z01.411, Z01.419, Z01.42, Z30.430, Z39.1, Z39.2</p> <p><b>Deliveries CPT Bundle Codes:</b> 59400, 59410, 59510, 59610, 59614, 59618, 59622</p> <p>(Note: codes are for Global billing and only useful if the encounter/claim indicates when postpartum care was rendered).</p>

\* **Auto-Assignment Measures** - Medi-Cal members who do not choose a plan in time are auto assigned by the State of California to a health plan (defaulted). The defaulted members are divided among the plans through an Auto Assignment Incentive Program that is partially driven by the HEDIS measures marked above.

HEDIS® is a set of standardized performance measures designed to help purchasers and consumers compare the performance of health plans on an “apples-to-apples” basis. HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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HCPCS is the Healthcare Common Procedure Coding System used by the Centers for Medicare & Medicaid Services.